



## MONTANA DEPARTMENT OF CORRECTIONS POLICIES AND PROCEDURES

Policy No.: DOC 4.5.8	Subject: <b>ADULT OFFENDER CO-PAYMENT FOR HEALTH SERVICES</b>	
Chapter 4: FACILITY/PROGRAM SERVICES	Page 1 of 7, + 1 attachment	
Section 5: Health Care	Revision Date: December 4, 2000: March 8, 2001	
Signature: /s/ Bill Slaughter	Effective Date: July 1, 1998	

### I. **POLICY:**

It is the policy of the Department of Corrections to charge adult offenders with a co-payment fee for certain health services. This policy does not apply to probationers sentenced to Department boot camp programs.

### II. **AUTHORITY:**

2-15-112, MCA. Duties and Powers of Department Heads

53-1-502, MCA. Rates for Board, Room, and Ancillary Services charged to Correctional Facility  
Offenders

53-1-203, MCA. Powers and Duties of the Department of Corrections

DOC Policy 1.2.3, Accounting Procedures

DOC Policy 1.2.6, Offender Funds

DOC Policy 4.1.4, Indigent Status

### II. **DEFINITIONS:**

**Adult Offender** means any offender incarcerated in a Department of Correction's facility such as Montana State Prison, Montana Women's Prison, Treasure State Correctional Training Center, as well as Regional and Private Prisons.

Policy No.: DOC 4.5.8	Chapter 4: Facility/Program Services	Page 2 of 7
Subject: <b>ADULT OFFENDER CO-PAYMENT FOR HEALTH SERVICES</b>		

**Chronic Care Visit** means a routinely scheduled visit to a primary care provider related to an illness which requires monitoring, care and treatment over an extended period of time including, but not limited to the treatment of; asthma, heart disease, diabetes, hypertension, seizure disorders, mental illness, mental retardation, and infectious diseases, including tuberculosis, hepatitis, HIV positive, chronic renal failure or physical disabilities.

**Department-initiated Visit** means any visit to a primary care provider requested by the Department which includes, but is not limited to, annual testing for tuberculosis, medical screening for physical evaluations related to use of force incidents or placement in temporary lockup, and evaluations or testing required by State law or court order.

**Emergency Visit** means a visit to a primary care provider for any medical, psychiatric or dental condition for which evaluation and therapy, as determined by health care staff, are immediately necessary to alleviate or lessen objectively apparent and disabling pain, to prevent death, significant health complications, or severe or permanent disability. Emergency visits include necessary crisis intervention for offenders displaying suicidal intent, suffering from situational crises, or an acute episode of mental illness.

**Follow-up Visit** means a visit to a primary care provider determined to be medically necessary by health care staff as a result of a previous health services encounter for the purpose of providing continuity of care.

**Health Screening and Evaluation Visit** means a visit to a primary care provider for review and assessment of an offender's physical and mental health care needs that is made as part of the diagnostic and reception process at intake, including follow-up referrals, medically-indicated testing and laboratory work, and examinations ordered as a result of the intake screening and evaluation.

**Offender-initiated Visit** means a visit to a primary care provider requested by an offender.

Policy No.: DOC 4.5.8	Chapter 4: Facility/Program Services	Page 3 of 7
Subject: <b>ADULT OFFENDER CO-PAYMENT FOR HEALTH SERVICES</b>		

**Prenatal Visit** means a visit to a primary care provider relating to pregnancy, including medical examinations, advice on appropriate levels of activity and safety precautions, nutritional guidance and counseling.

**Primary Care Provider** means a physician, physician's assistant, nurse practitioner, and dentist.

#### IV. PROCEDURES:

##### A. Health Services Subject to Co-Payment

Unless specifically exempted, all visits to a primary care provider are subject to a co-payment.

Under no circumstances will an offender be denied access to health care as a result of failure or inability to make a co-payment.

1. An adult offender confined in a facility operated by, or under contract with the Department, other than prerelease centers, who initiates a visit to a primary care provider will make a co-payment to the Department in the amount of \$2.00, unless the visit is specifically exempted in accordance with this policy. Offenders requesting health care shall follow the following procedures:
  - a) Complete, sign and submit a Sick Call Request form.
  - b) Request that a staff member, such as a nurse or other staff member that processes requests for scheduling with the primary care provider, provide assistance in accessing health care services.
  - c) If a visit is found to meet the criteria for co-payment the fee will be deducted from the offender's account regardless of whether or not the request was signed by the offender. If the form is received and is not signed, a notation to that effect will be made on the sick call log.
2. A co-payment applies to a single visit. An offender requesting a visit to a primary care provider for multiple symptoms shall be charged only one (1) co-payment if all of the symptoms are

Policy No.: DOC 4.5.8	Chapter 4: Facility/Program Services	Page 4 of 7
Subject: <b>ADULT OFFENDER CO-PAYMENT FOR HEALTH SERVICES</b>		

addressed in the same visit.

3. If a request for a visit with a primary care provider results in scheduling of appointments with more than one (1) provider (e.g., dentist and physician) for multiple unrelated symptoms, then each initial visit to each subsequent provider is subject to a \$2.00 co-payment charge.
4. If an offender is being seen by a provider for services which are exempted from a co-payment and during the course of the visit requests health care services related to a different condition then that being served, the resulting additional visit will be treated as an initial offender-initiated visit, and will be subject to the co-payment requirement.
5. Dental services are considered health care services and subject to the co-payment requirement if the offender initiates the services.

**B. Exemptions from Co-payment Charge**

Offenders will not be assessed a co-payment for a visit to a primary care provider under the following circumstances:

1. A co-payment will not be charged if the health care service is the result of an emergency, which includes, but is not limited to, injuries sustained as a result of an accident or assault.
2. If the health care services are related to the diagnosis or treatment of a chronic disease or illness. Such services, including follow-up visits and testing, are exempt as either a chronic care visit or a Department-initiated visit.
3. Follow-up visits related to the monitoring or treatment of a condition diagnosed in a previous visit with a primary care provider.
4. Physical, dental or mental health screenings, laboratory work, referrals and follow-up appointments provided or recommended as part of the initial intake diagnostic and reception process.
5. Prescriptions and medications, which are a result of a medical visit and follow-up.

Policy No.: DOC 4.5.8	Chapter 4: Facility/Program Services	Page 5 of 7
Subject: <b>ADULT OFFENDER CO-PAYMENT FOR HEALTH SERVICES</b>		

6. Medical treatment of self-inflicted injuries.
7. Inpatient services including, but not limited to:
  - a) hospitalization
  - b) extended care nursing
  - c) hospice
  - d) facility infirmary inpatient care
8. Physical evaluations following use of force incidents.
9. Procedures or testing ordered by a court or performed pursuant to state law.
10. Exemptions from co-payment requirements for dental emergencies, chronic care, follow-up, health screening and evaluations and Department-initiated visits are to be applied in the same manner as for other health care services.

#### C. Co-payment Processing

It is the responsibility of the primary care provider to provide health care services and report the nature of each visit, including a determination as to the type of visit, in accordance with the definitions outlined in this policy.

1. It is the responsibility of the facility accounting staff to charge the offender's trust account for visits requiring a co-payment.
2. A deduction of \$2.00 will be posted to an offender's trust account for visits classified as offender-initiated. If the offender is indigent pursuant to DOC Policy 4.1.4, Indigent Status, a negative debit will be posted to the offender's account.
3. All transactions posted to an offender's trust account must be made in accordance with DOC Policy 1.2.6, Offender Funds.
4. All offenders will be afforded access to health care services regardless of their ability to pay a co-payment fee.

Policy No.: DOC 4.5.8	Chapter 4: Facility/Program Services	Page 6 of 7
Subject: <b>ADULT OFFENDER CO-PAYMENT FOR HEALTH SERVICES</b>		

D. Offenders who do not keep appointments, or “no-shows”

Because a visit did not occur, offenders will not be charged for a “no-show”. The co-payment requirement only applies if a primary care provider sees the offender.

E. Notice to Offender

Offenders must be provided information explaining the co-payment requirement including services that are exempt from the co-payment requirement ([attachment A](#)). The notice must clearly indicate that no offender will be denied access to health care services due to an inability to pay. The co-payment notice must be provided as follows:

1. During the initial orientation and intake, a verbal and written explanation must be provided to each offender.
2. The co-payment notice, attachment A, must be:
  - a) affixed on or near each sick call request box
  - b) prominently posted in the patient waiting area of each facility health care department
3. The offender Sick Call Request form must include a statement that reads as follows:  
**“In accordance with State law 53-1-502, MCA, I understand that if this visit meets offender health care co-payment criteria, my trust fund account will be charged a \$2.00 co-payment fee. I also understand that I will not be denied access to health care services due to an inability to pay this fee”.**

F. Appeal Process

The assessment of a co-payment may be appealed to the Department Medical Director or designee by submitting a health services request form.

G. Implementation Date

The co-payment requirement outlined in this policy shall apply to all visits that occur on or after

Policy No.: DOC 4.5.8	Chapter 4: Facility/Program Services	Page 7 of 7
Subject: <b>ADULT OFFENDER CO-PAYMENT FOR HEALTH SERVICES</b>		

December 4, 2000, regardless of the date of the initiating request.

H. Disposition of co-payment funds

Quarterly proceeds collected from this program must be forwarded by each facility to the Department's Accounting Bureau. The Accounting Bureau will deposit the fees into the state general fund in accordance with DOC Policy 1.2.3, Accounting Procedures.

**VI. CLOSING:** Questions concerning this policy should be directed to the Medical Director, Health Services Management.